

Title 64 Series 48

Department of Health and Human Resources
Bureau for Public Health
EMERGENCY MEDICAL SERVICES

Summary of Amendments to the Rule:

The rules regarding Emergency Medical Services, 64CSR48, address the provision of emergency medical services to the residents of West Virginia. Amendments are proposed to the rule incorporating guidance from the Centers for Disease Control and West Virginia Bureau for Public Health.

Comment:

The emergency rule is unnecessary. DHHR has sufficient authority to enact the policy goals proposed in the emergency amendments within the existing rule.

Response:

The Department has reviewed the comment. While the Medical Policy and Care Committee (MPCC) is empowered to propose changes in protocol, medication and procedure, scope of practice or policy, the Department, together with the State Medical Director of the OEMS believe that the criticality of disease prevention measures, such as the wearing of face coverings, rises to the level of implementation by rule amendment. In fact, prior to filing the emergency rule at issue, the OEMS adopted and published COVID-related policies, including the use of face coverings by EMS personnel. Compliance with these policies was not uniform. Therefore, no changes were made to the rule in response to the comment.

Comment:

Legislative rules are not the appropriate vehicle for implementing short term policy changes.

Response:

The Department has reviewed this and similar comments. EMS personnel are routinely involved in intensive contact with often very sick and vulnerable patients. The protection of the health and safety of both EMS personnel and patients are long terms goals of the Department. The duration of the COVID-19 state of emergency is uncertain. While the protective measures reflected in the emergency amendments to 64CSR48 are common sense measures that will have utility beyond the current virus climate, the Department intends for the emergency rule to expire or be withdrawn when the state of emergency is lifted. No changes were made to the rule in response to the comment.

Comment:

“The WV EMS Coalition believes the proposed rule’s policy goal to the public by requiring masks to be worn should apply across the entire healthcare community. Applying a requirement to only the West Virginia EMS community does not act to appropriately protect all patients or health care workers.”

Additionally, the comment was received that masks should be required to be worn by other emergency services such as fire and police.

Response:

The Department has reviewed the comments. It is not within the Department's rule-making authority to promulgate rules with respect to the wearing of masks by the entire health care community or other first responders. The Department is limited in its legislative authority to promulgate rules with regard to the provision of emergency medical services. No changes were made to the rule in response to the comment.

Comment:

"The WVOEMS did not seek any consultation for our agency or others in our area that we are aware of before adopting this measure. The CDC outlines what we should be doing to protect our providers and having a state agency make it a legislative rule is not necessary. Please reconsider the rule and if a rule is needed then make it generic to "follow current CDC recommendations" for health care providers."

Response:

The Department has reviewed the comment. As discussed in responses above, the Department believes that an emergency rule is necessary to uniformly implement important disease prevention measures. The CDC as well as other EMS-focused organizations have indeed issued guidelines with regard to the necessity of face coverings and distancing for disease prevention. Despite the issuance by OEMS of policies regarding face coverings, which were approved by the MPCC, the required disease prevention measures have not been completely uniformly adopted or practiced during the COVID-19 pandemic. In addition, adopting by reference a CDC standard may circumvent the legislative rule-making process and could subject WV EMS agencies to the possibility of too strict or too lax standards inappropriate for conditions in West Virginia. No changes were made to the rule in response to the comment.

Comment:

"I feel that 6.2.15 could lead to scene safety issues. Also if it hasn't been sent to Law Enforcement locally this could cause issues between agencies. I understand the need to limit bystanders however I feel like it can potentially lead to scene safety issues."

Response:

The Department has reviewed the comment. The Department believes it unlikely that this provision would cause any conflict between agencies responding to an emergency. All this section requires is a good faith effort to issue a warning to bystanders. If on scene law enforcement or fire personnel issue such instructions, a duplicative warning would not be required by EMS personnel. No changes were made to the rule in response to the comment.

Comment:

With regard to 6.2.15.c: "[C]leaning face coverings repetitively between use would most certainly compromise the integrity of the mask structure. I understand cleaning both protective eyewear and face shields between use, but it will cause more of an issue if EMS cleans face coverings after every call."

Response:

The Department has reviewed the comment. The Department issues guidance on what types of Personal Protective Equipment (PPE) can be cleaned for reuse and how to clean PPE without damage. This information is routinely disseminated to agencies employing PPE. No changes were made to the rule in response to the comment.

Comment:

"We believe the rule is not needed the MPCC already has the ability to mandate masks and PPE, most of our people wear masks. We believe the appropriate vehicle to mandate this is a directive from the MPCC as discussed below. We also believe there should be an executive order so that all first responders are included and it should also include all health care facilities health employees and first responders."

Response:

The Department has reviewed the comment and believes the responses above address this comment. No changes were made to the rule in response to this comment.

Comment:

Why are N-95 masks specified in the rule and not KN-95 masks, which are more readily available to EMS agencies. Is a surgical mask being recommended only for known COVID-19 patients.

Response:

The Department has reviewed the comment. In accordance with CDC guidance and widely accepted standards for medical grade PPE, the rule specifies the use of N-95 masks, which are more protective than KN-95 masks. Other face coverings such as surgical masks should be used regardless of the COVID-19 status of the patient.

Comment:

The code requires OEMS and DHHR to consult with the MSAC during an emergency and the law also requires input from MSAC on new rules. An emergency meeting could have been called and DHHR would have learned you possess the authority to do what you are doing by rule.

Response:

The Department has reviewed the comment and believes the responses above address this comment. No changes were made to the rule in response to this comment.

Comment:

Clarification is requested regarding the feasibility of family members accompanying patients in transport vehicles, or do they fall within the "general public" category of persons who must remain six feet distant.

Response:

The Department has reviewed the comment. In accordance with outstanding COVID-19 guidance by the Department, members of a patient's *household* would not be considered to be members of the general public. No changes were made to the rule in response to the comment.

Comment:

Given the chaotic nature of many EMS scenes, it may be impossible to control bystanders and maintain a six foot physical distance from members of the public. Consider changing section 6.2.15 to the following to acknowledge that reality and for continuity of format with proceeding sections:

“All p Personnel must attempt to limit bystander presence and maintain a distance of six feet from any member of the public, other than the patients, and shall wear a face covering as follows:”

Response:

The Department has reviewed the comment. The language suggested in the comment clarifies the expectation that EMS personnel would use a good faith effort to limit bystander presence. The rule has been changed to incorporate this comment.

Comment:

The term “all calls” in section 6.2.15.a. is broad as an EMS call has many phases; would a mask be required during all phases including, but not limited to: response, on-scene, transport, transfer of care and return? Would the driver be required to wear a mask during transport? Would they be exempted if the patient compartment is fully separated from the driver?

Aeromedical pilots are EMS personnel. The configuration of many aircraft used in our state place the pilot within six feet of patients during transport. How would this apply to them?

If the intent of the rule is to address only the patient care/public contact phase, then consider changing this section to read:

“Personnel shall wear a surgical mask on all calls or at all times when closer than six feet from to any member of the public, other first responders or healthcare providers and patients. , and p Personnel involved in direct patient care shall wear a surgical mask unless performing an aerosol generating procedures shall wear is anticipated, in which case an N-95 mask should be worn.”

Response:

The Department has reviewed the comment. The intent of the requirement to utilize a face covering is to prevent the spread of disease between EMS personnel and the patient, other first responders and members of the public. Agencies will need to determine agency-specific standards for contact that is between agency personnel. The suggested changes have been incorporated into the rule.

Comment:

The term “eye protection” in section 6.2.15.b is vague. Do vision correction eyeglasses qualify? Does the “eye protection” need to be splash proof? Does it need to meet NIOSH or other specifications? Specificity is needed to insure proper compliance. Is the intent to require the same of drivers and pilots? Fogging of eye protection and face shields occurs in the best of circumstances. Requiring driver use during transports presents a potential safety issue.

Again, the term “all calls” is used. As in previous comments for Section 6.2.15.a., specifics are missing, and the following changes may make the rule clearer:

“Personnel shall wear eye protection ,meeting requirements determined by the bureau. at all times when providing direct patient care on calls, and when available, should wear a face shield to cover the eyes and mask.”

Response:

The Department has reviewed the comment. The intent is to prevent the spread of disease to EMS personnel by the requirement to utilize appropriate eye protection when on calls. The comment provides additional clarity and therefore the rule has been changed to incorporate the suggested language.

Comment:

The current wording of section 6.2.15.c suggests that items be cleaned before reuse, and excludes “face coverings”. Cleaning reusable PPE should not be optional between patients. No doing so is akin to not changing linens between patients! Are reusable “face coverings” allowable in lieu of “surgical masks” as required in Section 6.2.15.a.? What are the referenced cleaning guidelines? Consider changing this section to read:

“Reusable Fface coverings and reusable eye protection should shall be cleaned before reuse between each patient contact in accordance with guidelines published by the bureau.”

Response:

The Department has reviewed the comment. It is the intent of the rule that reusable face coverings be cleaned between patients in accordance with BPH, which are based upon CDC guidelines and manufacturer recommendations. It is up to each agency to deploy either reusable or disposable PPE based upon the agency’s supply of PPE. The rule has been changed to incorporate the language recommended by the comment.

Robertson, April L

From: Robertson, April L
Sent: Monday, September 14, 2020 9:29 AM
To: Ludwig, Britt B
Subject: Fwd: [External] Emergency Rule requiring PPE

Sent from my iPhone

From: Mike Thomas <mthomas@jancare.com>
Sent: Monday, September 14, 2020 9:03:03 AM
To: Robertson, April L <April.L.Robertson@wv.gov>
Cc: Hildreth, Vicki L <Vicki.L.Hildreth@wv.gov>; Samples, Jeremiah <Jeremiah.Samples@wv.gov>
Subject: [External] Emergency Rule requiring PPE

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Good morning. The only comment I have is regarding 6.2.15.c. "Face coverings." While I know it says "should," cleaning face coverings repetitively between use would most certainly compromise the integrity of the mask structure. I understand cleaning both protective eyewear and face shields between each use, but it will cause more of an issue if EMS cleans face coverings after every call. I was hoping to get some clarity on that moving forward. Thanks so much.

Mike

Respectfully,

Micheal D. Thomas, MHA, FACPE, CAPO, CPSO, CACO, CAC, NREMT, MHP
Director of Safety & Government Relations
Deputy Director of Compliance & Human Resources
Jan-Care Ambulance, Inc./GEMS
Office Phone: (304)255-2931 ext. 166

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Robertson, April L

From: Robertson, April L
Sent: Monday, September 14, 2020 11:00 AM
To: Ludwig, Britt B
Subject: Fwd: [External] Comment on Amendment to Legislative Rule

Sent from my iPhone

From: David Morehead <davidmorehead411@gmail.com>
Sent: Monday, September 14, 2020 10:41:37 AM
To: Robertson, April L <April.L.Robertson@wv.gov>
Subject: [External] Comment on Amendment to Legislative Rule

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Dear April,

It feel that this is an appropriate amendment expect for 6.2.15. I feel that 6.2.15 could lead to scene safety issues. Also if this hasn't been sent to Law Enforcement locally this could cause issues between agencies. I understand the need to limit bystanders however I feel like it can potentially lead to scene safety issues.

Thank You,
David Morehead EMT-8

Sent from Mali for Windows 10

Robertson, April L

From: Robertson, April L
Sent: Monday, September 14, 2020 2:43 PM
To: Ludwig, Britt B
Subject: FW: [External] Comments for Emergency Rule 6.2.15 and 6.2.15.a

From: Steve Murray <Steve.Murray@ccems.org>
Sent: Monday, September 14, 2020 2:41 PM
To: Robertson, April L <April.L.Robertson@wv.gov>
Cc: chris@wvemscoalition.com; Marsha Knight <Marsha.Knight@ccems.org>; Gordon Merry <Gordon.Merry@ccems.org>; Connie Priddy <Connie.Priddy@ccems.org>
Subject: [External] Comments for Emergency Rule 6.2.15 and 6.2.15.a

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Thank you for allowing a public comment period for the above referenced rule additions.

CCEMS is a public agency that provides emergency and non-emergency ambulance transportation. We employ approximately 180 staff ranging from EMTs, AEMTs, and Paramedics. When this pandemic was identified we immediately started following the CDC requirements of PPE for healthcare providers especially EMS. Cabell County also formed a COVID task force that meets weekly to address concerns of all public safety entities of the county. This task force is headed by the CCEMS infection control officer. She is continuously following CDC and makes it very clear of their recommendations and requirements.

I understand this emergency rule but do not support its usage and adoption. The WVOEMS did not seek any consultation for our agency or others in our area that we are aware of before adopting this measure. The CDC outlines what we should be doing to protect our providers and having a state agency make it a legislative rule is not necessary. Please reconsider the rule and if a rule is needed then make it generic to "follow current CDC recommendations" for healthcare providers.

Respectfully

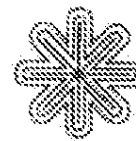
Steve M. Murray AAS, MCCP, NREMT-P
Assistant Director
Cabell County EMS / Cabell County OES
846 8th Ave.
Huntington, WV. 25701

Office: 304-526-8551
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"Do the next right thing!"

www.ccems.org

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HealthNet
Aeromedical
Services

September 15, 2020

April Robertson, General Counsel
WV Department of Health and Human Services
Office of the General Counsel
One Davis Square, Suite 100E
Charleston, WV 25301

Ms. Robertson:

On behalf of HealthNet Aeromedical Services' owner academic medical centers and board of directors, I wish to provide written comments regarding the Emergency Amendment to Legislative Rule 64 CSR 48 promulgated on September 11, 2020.

Our organization appreciates the efforts put forth by the West Virginia Department of Health and Human Services (DHHR) in developing the amendment. HealthNet's leaders fully support and endorse the effort and the amendment correlates well with standards used internally for several months. Having safely transported nearly seven hundred patients confirmed or suspected to be infected with the SARS-CoV 2 virus, we have seen the critical importance of these initiatives.

HealthNet Aeromedical Services does urge that DHHR release clarification related to the feasibility of family members accompanying patients in transport vehicles. The question arises if a patient's family member is considered to be a member of the "general public" as defined within the amendment. If so, family members must remain six feet from clinicians. If this is indeed the interpretation and/or definition family members would be unable to accompany patients to the receiving facility. This could prove to be problematic if the patient is a child, mentally impaired or otherwise in need of specialized familial support.

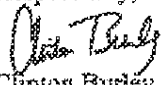
Internally and throughout the pandemic period HealthNet Aeromedical Services has allowed family members to accompany patients in both air and ground transport operations. We maintain specific policies for separation, air flow and the donning of face coverings. These efforts have proven to be both effective and beneficial.

Family engagement is an important part of emergency medical services patient care. Our organization urges the release of clarity and direction in this matter.

Should you have questions or desire to discuss our organization's comments, please do not hesitate to contact me.

For our flight and ground transport clinicians, I am,

Respectfully,


Clinton Burley
President and CEO

RECEIVED

SEP 21 2020

cc: Vicki Hildreth, Interim Director
WV Office of EMS

DHHR
General Counsel's Office




CB/iw
Fully accredited by


Air transportation provided by



HealthNet Aeromedical Services

110 Wyoming Street • Suite # 101 • Charleston, West Virginia 25302 • 304.340.6000 • info@healthnetaeromedical.com

A not-for-profit, united service of
 Catholic Healthcare
Hospital
 WVU Medicine
 Charleston Area
Medical Center

Robertson, April L

From: Robertson, April L
Sent: Wednesday, September 16, 2020 10:21 AM
To: Ludwig, Britt B
Subject: Fwd: [External] EMS Rule on facemasks

Sent from my iPhone

From: Tom Susman <tomsusman@tsgsolution.com>
Sent: Wednesday, September 16, 2020 10:17:07 AM
To: Jeremiah Samples <Jeremiah.Samples@wvinsurance.gov>; Robertson, April L <April.L.Robertson@wv.gov>
Subject: [External] EMS Rule on facemasks

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Jeremiah and April:

We believe the rule is not needed the MPCC already has the ability to mandate masks and PPE, most of our people wear masks. We believe the appropriate vehicle to mandate this is a directive from the MPCC as discussed below. We also believe there should be an executive order so that all first responders are included and it should also include all health care facilities health employees and first responders.

Also the code requires the OEMS and DHHR to consult with the MSAC during an emergency and the law also requires input from MSAC on new rules. An emergency meeting could have been called and DHHR would have learned you possess the authority to do what you are doing by rule.

Also when DHHR makes changes to hospital, retailer or nursing home regulations the trade groups are brought to help find a solution this was not done in this situation.

We are asking that the rule be pulled and the MPCC issue an appropriate order.

Thanks

Tom Susman

1. The emergency rule is unnecessary as DHHR is already able to require the wearing of masks through the MPCC.

EMS agencies are required by the Office of EMS to stock, maintain and utilize an extensive list of supplies, medication and equipment. These items are not set within legislative rule in part to allow for greater flexibility to adjust to changes in medical standards, technology and the health needs of our communities.

Instead existing Legislative Rule 64 CSR48 9.1.2.a empowers the Medical Policy and Care Committee (MPCC) composed of the regional medical directors and specialty physicians to create, review, and approve treatment, triage, and transportation protocols used within the state EMS system. MPCC is also responsible for determining "medications, **equipment**, and procedures used within OEMS".

These protocols and determinations are subject to a 30-day public comment period prior to their being effective. However, the MPCC may waive the public comment period when it finds that exigent circumstances exist and that the proposed changes in protocol, medication and procedure, scope of practice, or policy and procedure must be implemented immediately to ensure patient safety.

2. Permanent changes to the EMS legislative rule should not be implemented to address a short-term pandemic.

While it is currently appropriate to consider every patient encounter as a potential COVID-19 exposure, it is the hope of the entire medical community that within the coming months or year that we will be able to lift some precautionary measures with the development and administration of a vaccine. At that time, EMS agencies and personnel should not be bound by the strict requirements established by this proposed rule such as the six-foot distancing requirement. Setting mask wearing and distancing requirements through the existing process provided for in legislative rule when allow policy adjustments reflective of the public health environment without engaging in the lengthy legislative rule making process.

Robertson, April L

From: Robertson, April L
Sent: Wednesday, September 16, 2020 3:48 PM
To: Ludwig, Britt B
Subject: Fwd: [External] Emergency Rule – Title 64 Series 48 Emergency Medical Services
Attachments: EMS Emergency Rule Comments Final.pdf

Sent from my iPhone

From: Chris Hall <chall@orion-strategies.com>
Sent: Wednesday, September 16, 2020 3:38:16 PM
To: Robertson, April L <April.L.Robertson@wv.gov>
Cc: Crouch, Bill J <Bill.J.Crouch@wv.gov>; Hildreth, Vicki L <Vicki.L.Hildreth@wv.gov>; Mills, Michael R <Michael.R.Mills@wv.gov>; Ivey, Walter M <Walter.M.Ivey@wv.gov>; Ludwig, Britt B <Britt.B.Ludwig@wv.gov>
Subject: [External] Emergency Rule – Title 64 Series 48 Emergency Medical Services

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The West Virginia EMS Coalition supports a requirement that all health care workers wear face masks and other appropriate personal protective equipment when involved in direct patient care. Most EMS agencies already required their personnel to wear masks prior to the filing of the emergency rule. In fact, some have standards in place that exceed those of the proposed rule. Despite our support for the proposal's intentions, we must object to the proposed emergency rule title 64, series 48. The attached letter details the reasons for our objection and our suggested alternatives to achieve the policy goal.

If you have any questions related to our position on this issue, please don't hesitate to contact me.

Chris Hall, Executive Director
WV EMS Coalition
304-544-9733



September 16, 2020

RECEIVED

April L. Robertson
WV Department of Health and Human Resources
Office of the General Counsel
One Davis Square, Suite 100 East
Charleston, WV 25301

SEP 21 2020

DHHR
General Counsel's Office

RE: Emergency Rule – Title 64 Series 48 Emergency Medical Services

Dear Ms. Robertson,

The West Virginia EMS community supports a requirement that all health care workers wear face masks and other appropriate personal protective equipment when involved in direct patient care. Most EMS agencies already required their personnel to wear masks prior to the filing of the emergency rule. In fact, some have standards in place that exceed those of the proposed rule. Despite our support for the proposal's intentions, we must object to the proposed emergency rule title 64, series 48.

This rule was filed, and a press release issued, without consulting representatives of the EMS community. Neither the West Virginia EMS Coalition nor any of the agencies most actively involved with the state's response to the COVID-19 pandemic were advised or consulted in preparing the rule. While we support the overall policy goals, there are specific concerns with the rule as drafted that could have been easily resolved by seeking advance input from the EMS community. We will be happy to provide these if the Department of Health and Human Resources proceeds with implementing the rule.

Beyond the lack of experienced EMS input, it is the position of the WV EMS Coalition that the placement of operational policy changes within a legislative rule is inappropriate for the following reasons:

1. **The emergency rule is unnecessary. DHHR has sufficient authority to enact the policy goals proposed in the emergency amendments within the existing rule.**

The existing rule at 64 CSR48 9.1.2 establishes and empowers the Medical Policy and Care Committee (MPCC) for precisely such purpose, including specifically advising on emergency health related issues. It is composed of the regional medical directors and specialty physicians to create, review, and

approve treatment, triage, and transportation protocols used within the state EMS system. MPCC is also responsible for determining "medications, *equipment*, and procedures used within OEMS".

EMS agencies are required by the Office of EMS to stock, maintain and utilize an extensive list of supplies, medication and equipment. These items are not set within legislative rule in part to allow for greater flexibility to adjust to changes in medical standards, technology and the health needs of our communities.

Although MPCC protocols and determinations are subject to a 30-day public comment period prior to their being effective, it may waive the public comment period when it finds that exigent circumstances exist requiring immediate implementation to ensure patient safety.

2. Legislative rules are not the appropriate vehicle for implementing short-term policy changes

While it is currently appropriate to consider every patient encounter as a potential COVID-19 exposure, it is the hope of the entire medical community that within the coming months or year that we will be able to lift some precautionary measures with the development and administration of a vaccine. EMS agencies and personnel should not be bound long-term by the strict requirements established by this proposed rule such as the six-foot distancing. Setting mask wearing and distancing requirements through the existing process provided for in legislative rule will allow policy adjustments reflective of the public health environment without engaging in the lengthy legislative rule making process.

3. The WV EMS Coalition believes the proposed rule's policy goal to protect the public by requiring masks to be worn should apply across the entire healthcare community. Applying a requirement to only the West Virginia EMS community does not act to appropriately protect all patients or health care workers.

Most West Virginia EMS agencies have been treating every patient encounter as a potential COVID exposure event prior to the issuance of the emergency rule. Agencies already require the wearing of masks and gloves. And many have implemented policies involving eye protection and, in some cases, gowns.

The issuance of the emergency rule and associated press release created a false perception among readers of in-state and national publications that West Virginia EMS personnel were a threat to the public and were not already wearing appropriate PPE.

While we acknowledge a small number of EMS personnel may not have been wearing masks on every patient encounter, these providers were in the extreme minority and similar examples of poor judgement can be documented among

other health care providers. Rather than target the EMS community with this legislative rule that acted to erode the public's trust in our care, it would have been far more appropriate to issue a broad executive order mandating the wearing of masks by all health care workers, in all patient environments including EMS, hospitals, nursing homes, home health, etc.

In addition to the concerns expressed above, the WV EMS Coalition feels that it is important to note the availability PPE for many EMS agencies remain restricted. Agencies reported backorders on PPE starting in November 2019 and those shortages have continued. While progress has been made toward restoring some limited availability, PPE is being consumed in greater numbers and, when available, the prices have significantly increased.

To date, the State of West Virginia has not provided adequate financial assistance to all EMS agencies to off-set the higher costs of PPE and other expenses incurred through COVID-19 response. There are both non-profit and private ambulance agencies that remain ineligible for the direct assistance provided by the state to government and volunteer agencies. And the amount received by eligible government and volunteer agencies has been inadequate to offset costs associated with responding to the COVID-19 pandemic.

The West Virginia EMS Coalition welcomes the opportunity to assist DHHR in developing appropriately structured policies requiring EMS and all health care workers to utilize and wear PPE that is appropriate for the level of care being delivered. But at this time, we would request the proposed rule be withdrawn to allow for one of the alternative processes available for achieving this goal to be implemented.

Sincerely,

A handwritten signature in black ink, appearing to read 'CH Hall', with a stylized, cursive-like script.

Chris Hall, Executive Director
WV EMS Coalition

CC: Bill Crouch, Secretary, DHHR
Walter Ivey, Deputy Commissioner, BPH
Vicki Hildreth, Acting Director, OEMS
Michael Mills, State Medical Director, OEMS

Robertson, April L

From: Robertson, April L
Sent: Wednesday, September 16, 2020 7:18 PM
To: Ludwig, Britt B
Subject: Fwd: Emergency Rule -- Title 64 Series 48 Emergency Medical Services

Sent from my iPhone

From: David Pratt <dpratt889@gmail.com>
Sent: Wednesday, September 16, 2020 7:11:47 PM
To: Robertson, April L <April.L.Robertson@wv.gov>
Subject: RE: Emergency Rule -- Title 64 Series 48 Emergency Medical Services

Dear Ms. Robertson,

Hope this email finds you well.

I'm writing today to express my objection to the emergency rule for EMS that was announced this past week.

I find it concerning that actual EMS providers or experts in this field were not offered an opinion on this matter prior to releasing the emergency rule change. Although, the majority of EMS providers in the state are already protecting themselves by wearing appropriate PPE. I understand there may be a small number that are not. These isolated instances should be dealt with by the West Virginia Office of EMS (WVOEMS) on a case by case basis. A legislative rule addition is overkill for something that only requires a simple WVOEMS policy.

There are various other issues with this rule. I 100% agree and support the West Virginia EMS Coalition and Chris Hall's letter that was submitted to you on behalf of West Virginia's EMS providers.

This emergency rule needs to be withdrawn.

Very Respectfully,
David A. Pratt, MBA, NRP

Robertson, April L

From: Robertson, April L
Sent: Sunday, September 27, 2020 12:32 AM
To: Ludwig, Britt B
Subject: Fwd: [External] comment

Public comment
Sent from my iPhone

From: pc911@shentel.net <pc911@shentel.net>
Sent: Saturday, September 26, 2020 9:43:39 PM
To: Robertson, April L <April.L.Robertson@wv.gov>
Subject: [External] comment

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Emergency Amendment to Legislative Rule 64 CSR 48: Emergency Medical Services Requiring Use of Face Masks
During Pre-Hospital Patient Encounters

I have a comment regarding 6.2.15a - Why does this only specify N-95 masks? Why does this not include KN-95 masks, especially since that is what most EMS agencies are buying because it is difficult and expensive to buy N-95 masks? Also in this section, is this recommending a surgical mask only for known positive COVID patients? Thank you.
Diana Mitchell

Robertson, April L

From: Robertson, April L
Sent: Tuesday, September 29, 2020 1:48 PM
To: Ludwig, Britt B
Subject: FW: [External] 64CSR48 Opposed

Public comments:

From: Connie Hall <challbestamb@gmail.com>
Sent: Tuesday, September 29, 2020 12:58 PM
To: Robertson, April L <April.L.Robertson@wv.gov>; DHHR Secretary <dhrsecretary@wv.gov>; mwarner@wvsos.gov
Cc: Chris Hall <chris@wvemscoalition.com>; Linda Work <lbragg@bestambulance.org>; Ryan Bragg <Dryanbragg@bestambulance.org>
Subject: [External] 64CSR48 Opposed

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I am opposed to changes in 64CSR48 6.2.15 in its entirety. The changes that are being proposed only apply to Emergency Medical Services providers (EMS). The rules do not apply to law enforcement agencies or fire departments.

Yet, when questioned as to why there needed to be a change to the "Code of State Rules" the reply has been that "there were outbreaks of the corona virus linked to police departments in Charleston".

The changes in this rule will not affect any police agency or fire department; it will only affect ambulance companies. Although law enforcement and fire departments are part of the vital Emergency Services infrastructure, they are not typically "Emergency Medical Services" providers

Ambulance services are well versed in infection control guidelines, and adhere to not only Federal, but State guidelines in their daily operations. *To date there has been no data to suggest any emergency medical services provider has contributed to or caused the spread of the corona virus.*

There are already mechanisms in place for policy changes to reflect the changes you are mandating. There is *no* need to add additional regulations under 64CSR48. I whole-heartedly agree in safe guarding EMS workers, patients and citizens, but this does not need written into 64CSR48.

I think there is a general misunderstanding on several key issues proposed with these changes.

Law Enforcement (police) and Fire Departments (firefighters) *will not* be affected by any change in 64CSR48; *only* Ambulance Providers (EMS).

I respectfully ask that you reconsider changes to this rule.

Connie Hall, B.S.O.L., A.S.E.S.M., NREMT-P
CEO
Best Ambulance

Robertson, April L

From: Jerry Kyle <jk4586@gmail.com>
Sent: Sunday, October 4, 2020 11:03 PM
To: Robertson, April L
Subject: [External] Emergency Amendment to 64CSR48
Attachments: 64CSR48 Emergency Amendment Comments.docx

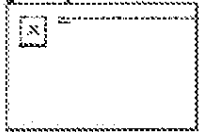
CAUTION: External email. Do not click links or open attachments unless you verify sender.

Attached please find my comments regarding this emergency amendment.

Thank you!

Gerald "Jerry" Kyle, Paramedic

Jerry



6.2.15. Given the chaotic nature of many EMS scenes, it may be impossible to control bystanders and maintain a six foot physical distance from members of the public. Consider changing to the following to acknowledge that reality and for continuity of format with proceeding sections:

"All personnel must attempt to limit bystander presence and maintain a distance of six feet from any member of the public, other than the patients, and shall wear a face covering as follows:"

6.2.15.a. The term "all calls" is broad. An EMS call has many phases. Is it the intent of the rule to require masks during all phases including, but not limited to: response, on-scene, transport, transfer of care and return? If so, that should be specified.

Would the driver be required to wear a mask during transport? Would they be exempted if the patient compartment is fully separated from the driver?

Aeromedical pilots are EMS personnel. The configuration of many aircraft used in our state place the pilot within six feet of patients during transport. How would this apply to them?

If the intent of the rule is to address only the patient care/public contact phase, then consider changing this section to read:

"Personnel shall wear a surgical mask on all calls or at all times when closer than six feet from to any member of the public, other first responders or healthcare providers and patients, and personnel involved in direct patient care shall wear a surgical mask unless performing an aerosol generating procedures shall wear is anticipated, in which case an N-95 mask should be worn."

6.2.15.b. The term "eye protection" is vague. Do vision correction eyeglasses qualify? Does the "eye protection" need to be splash proof? Does it need to meet NIOSH or other specifications? Specificity is needed to insure proper compliance.

Is the intent to require the same of drivers and pilots? Fogging of eye protection and face shields occurs in the best of circumstances. Requiring driver use during transports presents a potential safety issue.

Again, the term "all calls" is used. As in previous comments for Section 6.2.15.a., specifics are missing.

If the intent of the rule is to address only the patient care phase, then consider changing this section to read:

"Personnel shall wear eye protection, meeting requirements determined by the bureau, at all times when providing direct patient care on calls, and when available, should wear a face shield to cover the eyes and mask."

6.2.15.c. The current wording of this section only suggests that items be cleaned before reuse, and excludes "face coverings". Cleaning reusable PPE should not be optional between patients. No doing so is akin to not changing linens between patients!

Are reusable "face coverings" allowable in lieu of "surgical masks" as required in Section 6.2.15.a.?

What are the referenced cleaning guidelines?

Consider changing this section to read:

"Reusable face coverings and reusable eye protection should shall be cleaned before reuse between each patient contact in accordance with guidelines published by the bureau."